IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oscar Rochefort et al.

: Art Unit: 3754

Serial No.: 10/501,261

Examiner: Nicolas, Frederick C.

Filed: March 7, 2005

For: CORRUGATED HANGING

DISPENSER

Mail Stop: Amendment **Commissioner for Patents** P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is: Transmittal (3 pages) Amendment in response to Office Action dated July 20, 2007 (9 pages)

STATUS

Applicant 2. claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.									
	(complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
Exte	ension for respo	onse within:	Other than small entity Fee	Small entity Fee (if applicable) \$ 60.00						
	•	irst month	\$ 120.00							
		second month	\$ 460.00	\$ 230.00						
		third month	\$ 1,050.00	\$ 525.00						
		fourth month	\$ 1,640.00	\$ 820.00						
		fifth month	\$ 2,230.00	\$1,115.00						
		 -	Fee Due	\$ 120.00						
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable)										
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.										
Extension fee due with this request \$ 120.00										
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									

FEE FOR CLAIMS

4 . 7	he fee	for clai	ims (37 0	C.F.R. 1.16(b)-(d)) has l	been calculated as sl	hown	below:				
	(Col. I) CLAIMS REMAINING AFTER AMENDMENT			(Col. 2)	(Col. 3)	SMALL ENTITY		SMALL ENTITY				
				HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE				
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$				
INDEP.			MINUS		=	x \$105.00 = \$		x \$210.00 = \$				
	FIRST PRESENTATION OF			MULTIPLE DEP.	CLAIM	+\$185.00 = \$		+ \$370.00 = \$				
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$				
(a) No additional fee for Claims is required												
					OR							
	(b)											
				FEE	PAYMEN	T						
5.	Attached is a check in the sum of \$											
	Charge Deposit Account No. 01-2384 the sum of \$120.00. A duplicate of this transmittal is attached.											
	FEE DEFICIENCY											
6. If any additional extension and/or fee is required, charge Deposit Acco												
	AND/OR											
		If any 2384.		al fee for cla	ims is requ	nired, charge Depos	it Acc	count No. 01-				
7.		Other	:									
					Re AI Or St.	miel M. Fitzgerald g. No. 38,880 RMSTRONG TEAS he Metropolitan Squ Louis, MO 63102 4/621-5070						